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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/12/2021 17:20 (SGT) 02/12/2021 07:55 (SGT) W Coast Link, Singapore TOWARDS WEST COAST ROAD JUNCTION Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBH9396H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No

Email Address Mobile Phone No Alternative Phone No Yes

TCK EXPRESS TRADING 5XXXX005J tansoohow1955@gmail.com (Phone) +65-91832139 +65-94879079

VEHICLE PARTICULARS

Manufacturer Model

Variant Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Toyota Hiace

2754

Employment

Comprehensive

No - Claiming third party Commercial vehicle Auto

China Taiping Insurance (Singapore) Pte. Ltd.

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Fleet Policy Policy Number

Cover Note Number

DRIVER

Name of Driver NRIC No

DMCVSNW00126242000

RENE TAN SOO HOW SXXXX338I

 Date Of Birth 23/04/1955 Occupation Outdoor Date Of Driving Pass 25/10/1977 Driving experience 44 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-94879079 Alt. Phone Number Email Address tansoohow1955@gmail.com Address BLK 32 GHIM MOH LINK #04-290 Address complement 271032 Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Employee Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Collision - Change/cross lane Type of Accident Clear Weather Conditions Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 2 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) No soliciting/offering accident claims assistance? DETAILS OF POLICE ACTION No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No No Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 SMX4583C Vehicle Registration Number Vehicle Manufacturer Vehicle Model

Private car

Address complement
Accident report SN0821C30003

Vehicle Variant Vehicle Colour

Vehicle Category Name of Driver Contact Number Address

Postcode	2
Insurance Company Name	2
Nature Of Damage	-
Details of property damaged in accident	14
No. Of Passenger (Including Driver)	T-
	Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Priver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender Phone No	RENE TAN SOO HOW Male (Phone) +65-94879079
Address Complement	=
Address Complement Post Code	-
Approximate Age Years Old	2=
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	GBH9396H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their faces law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Sketch Plan

West Coast Rd Junitar West Coast Link towards 7 7 7 1 (I 6

Witnessed by Reporting Centre Personnel

> Vehicle A- GBH 9396H Vehicle B- SMX4583C

on the stated	date and time	1 1 - 1		1.1
ON THE STUTEO	ant and time	, I, Jehille A	(GBH 9396H) was	travelling
ong at the stated lo	cation on lane 2	As the traffic	light was green, 1	proceed to
ive and turn left into	west coast road,	suddenly, vehicle	B (SM X4583C).	from the lane
n into my lane too o	quickly and collid	ed onto the front	and front right por	tion of my
nide causing damages				
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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

	trate of Accident	01 12 2024 Accident Time: 0755 (24-HR-FORWAT)
	Accident Place	: West coast link towards West Coast Rd Junction
	Vehicle Reg. No (Car plate Mo.)	GBH9396H Vehicle Make/Model: Toyota Hrace
	Însurânce Company	China Taiping Policy No. DMCVSNW00126242000
	Name of Registered Owner	: Company / Individual TCK Express Trading
	ID of Registered Owner	: Co Reg No: 5307 10055 Owner's NRIC No:
		: Co Contact No: - Owner's Contact No: 9183 139
	DRIVER'S Name	: Rene Tan 500 How DRIVER'S NRIG No. S1100338 I
	DRIVER'S Date of Birth	23 Apr 1955 DRIVER'S License Pass Date 25 Oct 1977
	Relationship bet, Owner & Driver	Spouse Parents Children Sibling Employee Others:
	DRIVER'S Address	APT Blk 32 Ghim Moh Link #04-290 Jingapure 27/032
2 K g	DRIVER'S Contact No./ Alt No.	1) 9487 9079 2)
	DRIVER'S Occupation	: INDOOR NOUTOOOR (eg. working inside or outside of an ofe)
	Email Address	tansooHow 1955@gmail-com
	Weather & Road Surface	CLEAR DRY RAINING & WET VAFTER RAIN & WET
	Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
	was the accident reported to the po	Passenger Name: - Gender: M/F Alice? YES \ 100 Passenger Name: - Gender: M/F Arcantera; YES \ 100 Any Injuries: \(\belle \beta \) NO Injured Name: Rene Tan Soo Ha
		Injured Name:
	2	Other Party Driver's Particulars (if any)
	-Vehicle Reg No: SMX4583C	Vehicle Reg No:
	Wehiele Make Model.	
	Harris DRIVER.	Name DRIVER:
	(GNo. DRIVÉR.	IC No. DRIVER:
	- DRIVER'S Gentact & add	DRIVER'S Contact & add:
	<u>Ot</u>	her Party Driver's Particulars (if any)
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	Name DRIVER	
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Motor Commercial

MZ301/C

AN0646A Cov. Type:C

CERTIFICATE OF INSURANCE otor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00126242000

Engine No.: 1KD2831488

Cha. No.: JTFHT02P400246397

1. Index Mark and Registration

2. Name of Policy Holder

GBH9396H

AUTOSAFE

Number of Vehicle

TCK EXPRESS (S) PTE. LTD.

Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment (00:00:00)

29/12/2020

Excess Sect I

\$\$500.00

EX ON WINDSCREEN .

\$\$100.00

4. Date of Expiry of Insurance

28/12/2021

5. Persons or Classes of Persons entitled to drive*

(1) Whilst the vehicle is being used in connection with the Policyholder's business Any person provided he is in the Policyholder's employ and is driving on their order or with their

permission.

(2) Whilst the vehicle is being used for social, domestic or pleasure purposes Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:*

(1) Use in connection with the Policyholder's business.

(2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
(3) Use for social, domestic or pleasure purposes.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers for hire or reward.

HIRE PURCHASE CO.: DAIMLER FINANCIAL SVCS AFRICA & ASIA PACIFIC LTD

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: NET LINK COMMERCIAL PTE LTD

Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E) ☆ 3 Anson Road #16-00 Springleaf Tower Singapore 079909

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www.sg.cntaiping.com